

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** DIVERSE OPTIONS INC BONNIEVIEW HOME (0008831)  
**Address:** 6412 BONNIEVIEW RD, PICKETT, WI 54964  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/15/1999  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0094790      **End Date:** 05/05/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094869      **End Date:** 04/25/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007155    Served 05/25/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)2	CONTINUAL ACCEESS TO ASSESSMENT & ISP		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.14(1)(c)	UNIVERSAL PRECAUTIONS		
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT		
83.42(1)	SAFETY-FACILITY EVACUATION TIME		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.51(1)(e)	CLEARED PATHWAY FROM EXITS		

**Survey ID:** 0091503      **End Date:** 10/31/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Enforcement History**

**Date:** 05/23/2005      **SOD #**10007155      **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(c)

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**Complaint History**

**Date Complaint Received: 10/26/2004**

**Date Investigation Completed: 04/25/2005**

Subject Area(s)

RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

05/23/05  
  
05/23/05

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